

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):   TELEPHONE NO. ( <i>Optional</i> ): FAX NO. ( <i>Optional</i> ): E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<p style="text-align: center;"><b>PROOF OF SERVICE</b> (Elder or Dependent Adult Abuse) (CLETS)</p>	CASE NUMBER:

### SERVICE BY MAIL

**Instructions to Respondent:** After having the petitioner served by mail with any of the documents identified in item 1, have the person who mailed the documents complete this *Proof of Service*. You cannot serve the documents. Give the completed *Proof of Service* to the clerk for filing. An unsigned copy of the *Proof of Service* should be attached to and served with the documents.

1. I served a copy of the following documents:
  - a. ☐ Completed *Response to Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)*
  - b. ☐ Other (*specify*):
  
2. I deposited a true copy of each of the foregoing documents in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date of mailing:
  - d. Place of mailing:
  
3. At the time of service I was over the age of 18 and not a party to this legal action. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: none; border-top: 1px solid black;"/> (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)		<hr style="border: none; border-top: 1px solid black;"/> (SIGNATURE)
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(Proof of personal service on reverse)